

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074944

Entity Name: LEVEL ORAL CARE, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9995 GATE PARKWAY, NORTH  
SUITE 310  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9995 GATE PARKWAY, NORTH  
SUITE 310  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 27-0700187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPALTEN, JULIA  
4551 ECTON LANE E  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

NARDUCCI, NICHOLAS A  
4559 ECTON LANE E  
JACKSONVILLE, FL 32246 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS A NARDUCCI

01/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPALTEN, JOSHUA M  
Address: 4551 ECTON LANE E  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM  
Name: NARDUCCI, NICHOLAS A  
Address: 9995 GATE PARKWAY, NORTH, STE. 310  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS A NARDUCCI

MGRM

01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date